

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

Amended

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000002503 (0)

1. Corporation Name

FLORIDA LICENSED BEVERAGE ASSOCIATION, INC.

Principal Place of Business
217 S. ADAMS STREET
TALLAHASSEE FL 32301-1708

Mailing Address
217 S. ADAMS STREET
TALLAHASSEE FL 32301-1708

3. Date Incorporated or Qualified 05/16/1994
3a. Date of Last Report 05/01/1995
4. FEI Number 22-3309591
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 100 Rialto Place
Suite, Apt. #, etc. # 203
City & State Melbourne FLA
Zip 32901 Country USA
2a. Mailing Address
26 100 Rialto Place
Suite, Apt. #, etc. # 203
City & State Melbourne FL
Zip 32901 Country USA

9. Name and Address of Current Registered Agent

WRIGHT, WILSON W
217 S. ADAMS STREET
TALLAHASSEE FL 32301-1708

10. Name and Address of New Registered Agent

81 Name James A Greer
82 Street Address (P.O. Box Number is Not Acceptable) 100 Rialto Place
83 # 203
84 City Melbourne FL 85 Zip Code 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

7-20-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	WRIGHT, WILSON W	217 S. ADAMS STREET	TALLAHASSEE FL 32301-1708	<input checked="" type="checkbox"/>
P	LOVE, JAY	9555 SOUTH DIXIE HWY	MIAMI FL 33156	<input checked="" type="checkbox"/>
V	SALVATORE, LEWIS	1528 MAIN STREET	SARASOTA FL 34236	<input checked="" type="checkbox"/>
S	HEALY, JOE	365 NORTH POINCIANA	MIAMI SPRINGS FL 33161	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P.D.	James A Greer	100 Rialto Place #203	Melbourne FL 32901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Joe Reilly	100 Rialto place #203	Melbourne FL 32901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nancy Hendry	100 Rialto place #203	Melbourne FL 32901	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF MORING OFFICER OR DIRECTOR

7-20-96 407-723-0274

Date

Daytime Phone #

CR2037 (3/96)